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FAX TRANSMISSION COVER SHEET

Date: **November 26, 2007**

To: *Phone:*
     US Patent and Trademark Office   *Fax:* **571-273-8300**

From: **Bruce H. Cottrell**   *Phone:* **(505) 667-9168**
        LC/IP   *Fax:*   **(505) 665-4424**

Re: **10/616,479**
        S-100,631
        Thomas M. Mccleskey

Sender: **Marcie A. Archuleta**

YOU SHOULD RECEIVE (10) PAGES, INCLUDING THIS COVER SHEET.
IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL (505) 667-7604

Comments:

Included in this facsimile transmittal are the following documents for filing in the above-identified patent application:

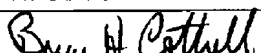*Response/Amendment (8 pages)*
Fee Transmittal (1 page)

Fee Payments Authorized: $525

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UNCLASSIFIED

Rev. 02/02/06

FEE TRANSMITTAL
For FY 2007
Patent fees are subject to annual revision

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: $525

Complete if Known	
Application Number:	10/940,470
Filing Date:	7/8/2003
First Named Inventor:	Thomas M. Mccleskey
Examiner Name:	Tae H. Yoon
Group/Art Unit:	1714
Attorney Docket No.:	S-100,631

METHOD OF PAYMENT (check all that apply)

1. ☒ The commissioner is hereby authorized to charge indicated fees and credit any over payments to:
   Deposit Account Number: 12-2150
   Deposit Account Name: Los Alamos National Laboratory
   ☒ Charge Any Additional Fee Required Under 37 C.F.R. 1.16 and 1.17

FEE CALCULATION

1. COMBINED FILING FEE

Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid
1001 $310	2001 $155	Basic Filing fee	$0.00
1004 $310	2004 $155	Reissue Filing fee	$
1111 $510	2111 $255	Search Fee	$0.00
1311 $210	2311 $105	Examination Fee	$0.00
1005 $210	2005 $105	Provisional Filing Fee	
1085 $260	2085 $130	Provisional Size Fee	

(for each additional 50 sheets that exceeds 100 sheets)

SUBTOTAL (1) $00.00

2. EXTRA CLAIM FEES/APPLICATION SIZE FEE

	Extra Claims		Fee from Below		Fee Paid
Total Claims	20 –20** =	0 X	25	=	$0
Independent Claims	1 –3 ** =	0 X	105	=	$0
Multiple Dependent		X 180		=	$

** or number previously paid, if greater; For Reissues, see below

Large Entity Fee	Small Entity Fee	Fee Description
1202 $50	2202 $25	Claims in excess of 20
1201 $210	2201 $105	Independent claims in excess of 3
1203 $370	2203 $185	Multiple dependent claim, if not paid.
1204 $200	2204 $100	Reissue independent claims in excess of 3 over original patent
1205 $50	2205 $25	Reissue claims in excess of 20 over original patent

Total Claims Fee $___0___

APPLICATION SIZE FEE

1081 $260	2081 $130.00	For each additional 50 sheets that exceed 100 sheets, including specification and drawings

SUBTOTAL (2) $___0___
(Include total of Claims Fees and Size Fee here)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code ($)		Small Entity Fee Code ($)		Fee Description	Fee Paid
1051 $130		2051 $65		Surcharge – late filing fee or oath	
1052 $50		2052 $25		Surcharge – late provisional filing fee or cover sheet	
1812 $2520		1812 $2520		For filing a request for reexamination	
1251 $120		2251 $60		Extension for reply within first month	
1252 $460		2252 $230		Extension for reply within second month	
1253 $1050		2253 $525		Extension for reply within third month	$525
1254 $1640		2254 $820		Extension for reply within fourth month	
1255 $2230		2255 $1115		Extension for reply within fifth month	
1401 $510		2401 $255		Notice of Appeal	
1402 $510		2402 $255		Filing a brief in support of an appeal	
1403 $1030		2403 $515		Request for oral hearing	
1452 $510		2452 $255		Petition to revive – unavoidable	
1814 $110		2814 $55		Terminal Disclaimer	
1453 $1540		2453 $770		Petition to revive – unintentional	
1460 $130		1460 $130		Petitions to the Director	
1806 $180		1806 $180		Submission of Information Disclosure Statement	
1809 $810		2809 $405		Filing a submission after final rejection (37 CFR 1.129 (a))	
1810 $810		2810 $405		For each additional Invention to be examined (37 CFR 1.129(b))	
1811 $100		1811 $100		Certificate of Correction	
1504 $300		1504 $300		Publication fee for early, voluntary, or normal publication/Republication fee	
1801 $810		2801 $405		Request for Continued Examination (RCE)	

Other fee (specify) _____

SUBTOTAL (3)   **$525**
Reduced by Basic Filing Fee Paid

SUBTOTAL FROM 1	$0
SUBTOTAL FROM 2	$0
SUBTOTAL FROM 3	$0
TOTAL AMOUNT OF PAYMENT	**$525**

(Enter total amount at top of page)

SUBMITTED BY

Printed Name:	Bruce H. Cottrell		Reg. No.	30,620
Signature:	*Bruce H Cottrell*	Date: 11/26/07	Telephone	(505) 667-9168

Complete (If applicable)

11/27/2007 VBUI11   00000069 122150   10616479
01 FC:2253   525.00 DA